Amended Statement Cover

Per notification from OFIR, the first nine pages of the blank was not received by NAIC.



QUARTERLY STATEMENT

AS OF March 31, 2010

OF THE CONDITION AND AFFAIRS OF THE

TOTAL HEALTH CARE, INC.

County of WAYNE ss The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, at the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, togethe with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Ann Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement. Cignature								
Country of Domicile Urbled States of America Licensed as business type: Life, Accident & Health Darkel Service Corporation Darkel Service Corporation Darkel Service Corporation Driver Darkel Service Corporation Driver Dr	NAIC Group Code			NAIC Comp	any Code	95644	Employer's ID Number	38-2018957
Licensed as business type: Life, Accident & Health Debtal Service Corporation Vision Service Corporation Health Maintenance Organization Health Maintenance Organizatio	Organized under the Laws	Michigan	,	State of Domicile	or Port of Entry	Mi	chigan	
Dental Service Corporation Valor Service Corporation Health Meintenance Organization(P) Dental Service Corporation Unit of Service Corporation Health Meintenance Organization(P) Dental De	Country of Domicile	United	States of America					
Statutory Home Office 3011 W. GRAND BLVD. SUITE 1600 (City, or Toes, State and Zip Code) Main Administrative Office (City, or Toes, State and Zip Code) DETROIT, MI 46202 (City or Toes, State and Zip Code) Mail Address (City or Toes, State and Zip Code) Mail Address (City or Toes, State and Zip Code) Mail Address (City or Toes, State and Zip Code) Mail Address (City or Toes, State and Zip Code) Mail Address (City or Toes, State and Zip Code) Mail Address (City or Toes, State and Zip Code) DETROIT, MI 48202 (City or Toes, State and Zip Code) DETROIT, MI 48202 (City or Toes, State and Zip Code) DETROIT, MI 48202 (City or Toes, State and Zip Code) DETROIT, MI 48202 (City or Toes, State and Zip Code) DETROIT, MI 48202 (City or Toes, State and Zip Code) DETROIT, MI 48202 (City or Toes, State and Zip Code) DETROIT, MI 48202 (City or Toes, State and Zip Code) (City or Toes, State and Zip Code) DETROIT, MI 48202 (City or Toes, State and Zip Code) (City or Toes, State and Xip Cod	Licensed as business type:	ion[] Vision	Service Corporatio		Health Ma		demnity[]	
Main Administrative Office College Colleg	Incorporated/Organized		07/01/1973		Commence	d Business	05/01/197	′ 6
Main Administrative Office DETROIT, MI 48202 DETROIT, MI 48202 (Oby or Town, State and Zp Cocke) Mail Address 301 W. GRAND BLVD. SUITE 1600 (Oby, or Town, State and Zp Cocke) Street and Number or YP. Boxyl (Oby, or Town, State and Zp Cocke) Street and Number or YP. Boxyl (Oby, or Town, State and Zp Cocke) Street and Number or YP. Boxyl DETROIT, MI 48202 (Oby, or Town, State and Zp Cocke) DETROIT, MI 48202 (Oby, or Town, State and Zp Cocke) TOTALHEALTHCARECOLINE COM (Oby, or Town, State and Zp Cocke) TOTALHEALTHCARECOLINE COM (Read Address) TOTALHEALTHCARECOLINE COM (Read Address) OFFICERS Statutory Statement Contact GRAMANNING THC CONLINE COM (E-Mair Address) OFFICERS Name LYLE EDWARD ALGATE ROBYN JAMES SARRINGTON IN R. JAD. JOUGLAS PAUL BAKER ROBYN JAMES SARRINGTON IN R. JAD. JEANETTE ABBOTT RUBY OCTAVIA COLE GERTRUDE HELEN MINISTENICZ STATE THE RESA KATHER ROBYN JAMES SARRINGTON IN R. JAD. JEANETTE ABBOTT RUBY OCTAVIA COLE GERTRUDE HELEN MINISTENICZ STATE OF THE PRESS ACTIVE SALE AND SINS SECRETARY OTHERS DIRECTORS OR TRUSTEES DIRECTORS ON TRUSTEES SEARCH FRAY OTHERS State of Michigan County of MAYNE Is JEANETTE ABBOTT RUBY OCTAVIA COLE GERTRUDE HELEN MINISTENICZ SECRETARY OTHERS State of Michigan County of MAYNE Is From Givens of this reporting entity, being duly swom, each depose and say that they are the described officers of the said reporting entity and that on the reporting period stated above, and serior information, showledge and belief reporting entity, near the seasest and isabilities and of the condition of a County of Maynes of the reporting period stated above, and serior information, showledge and belief reporting entity, near and expendence or an information of the said reporting entity, she was decorately period and accordance with the NIC Am Statement Instructions and Accounting Practices and Proceduses manual accord to th	Statutory Home Office	3011 V		1600	,		- ,	
DETROIT, MI 48202 (City or Toens, State and Zp Code) (Detroit) (City or Toens, State and Zp Code) (Street and Number or P.O. Bob) (Street and Number or P.O. Bob) (Detroit, MI 48202 (City, or Toens, State and Zp Code) (Street and Number) (City, or Toens, State and Zp Code) (Detroit, MI 48202 (Street and Number) (Street and Number) (City, or Toens, State and Zp Code) (Detroit, MI 48202 (Street and Number)	Main Administrative Office		(Street and Number)	3011			(City, or Town, State and Zip Coc	le)
Mail Address 3011 W. GRAND BLVD. SUITE 1600 DETROIT, MI 48202 (Street and Number or P.O. Box) (City, or Town, State and Zip Code) Primary Location of Books and Records Code		DETRO	IT. MI 48202		(Street and Nu	ımber)	(313)871-2000	
Primary Location of Books and Records DETROIT, MI 48202								nber)
Primary Location of Books and Records DETROIT, MI. 48002 (Street and Number) (313)871-2000	Mail Address						•	40)
DETROIT, MI 48202 Gily or Town, State and 2p Code) Internet Web Site Address Statutory Statement Contact GERARDA A HAMANN, CFO (STARDA A HAMANN, CFO (Remain Address) GHAMANNGTH-C.ONLINE.COM (E.Mail Address) OFFICERS Name LYLE EDWARD ALGATE KATHLEEN THERESA KATHER ROBYN JAMES ARRINGTON IN, M.D. DOUGLAS PAUL BAKER RUBY OCTAVIA COLE GERTARDS HALLEN MINKEWICZ STATHLEEN THERESA KATHER RUBY OCTAVIA COLE GERTARDS HALLEN MINKEWICZ GERTARDS HALLEN MINKEWICZ STATHLEEN THERESA KATHER WATHLEEN THERESA KATHER RUBY OCTAVIA COLE GERTARDS HALLEN MINKEWICZ GERTARDS HALLEN MINKEWICZ STATHLEEN THERESA KATHER WATHLEEN THERESA KATHER FLOORY OF MANY MEDICAL DIRECTOR CHARPERSON SECRETARY SELECTIONS OF TRUSTEES DUGGLAS PAUL BAKER KATHLEEN THERESA KATHER VERLANDO SIMS STATHLEEN THERESA KATHER WATHLEEN THERESA KATHER THE OFFICE OF MINKEWICZ STATHLEEN THERESA KATHER WATHLEEN THERESA KATHER THE OFFICE OF MINKEWICZ STATHLEEN THERESA BACTHER THE OFFICE OFFICE OF MINKEWICZ STATHLEEN THERESA BACTHER THE OFFICE O	Primary Location of Books a	,	treet and Number of P.O. Box	()	3011 W. GRANI	D BLVD. SUITE		e)
Internet Web Site Address		DETROIT	MI 48202		(Street	and Number)	(313)871-2000	
Statutory Statement Contact GERARD A HAMANN, CFO (Name) (Name) (Hame) (-		\ /	nber)
(Name) GHAMANN@THC-ONLINE.COM (E-Mail Address) OFFICERS Name LYLE EDWARD ALGATE KATHLEEN THERESA KATHER ROBYN JAMES ARRINGTON JR.M.D. DOUGLAS PAUL BAKER ROBYN JAMES ARRINGTON JR.M.D. DOUGLAS PAUL BAKER ROBY OCTAVIA COLE GERTRUDE HELEN MINKIEWICZ G	Internet Web Site Address	TO	TALHEALTHCAREONLIN	NE.COM				
GHAMANN@TH-C-ONLINE.COM (E-Meil Address) (Fax Number) OFFICERS Name LYLE EDWARD ALGATE KATHLEEN THERESA KATHER ROBYN JAWES ARRINGTON JR., MD. DIVIGILAS PAUL BAKER ROBYN JAWES ARRINGTON JR., MD. DIRECTORS OR TRUSTEES OTHERS DIRECTORS OR TRUSTEES JEANETTE ABBOTT RUBY OCTAVIA COLE GERTITUDE HELBEN MINKIEWICZ ELIZABETH PRATCHER State of Michigan County of WAYNE ss The officers of this reporting entity, being duly sworm, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, at he herein described assets were the absolute property of the said reporting entity, is a full and true statement of all that statements and of the condition and affairs of the said reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Ann Statement Instructions and Accounting Practices and Procedures manual except to the exact that this (1) state faults or regulations require differences in reporting on treations and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attesation by the described officers and procedures and procedures and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attesation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the accidence of the period of	Statutory Statement Contac	:t		CFO				
OFFICERS Name Title LYLE_EMYARD ALGATE KATHLEEN HERESA KATHER ROBYN_LAMES ARRINGTON JR, M.D. DOUGLAS PAUL BAKER ROBYN_LAMES ARRINGTON JR, M.D. OTHERS DIRECTORS OR TRUSTEES JEANETTE ABBOTT RUBY OCTAVIA COLE GERTRUDE HELEM MINKIEWICZ JEANETTE ABBOTT RUBY OCTAVIA COLE GERTRUDE HELEM MINKIEWICZ JEANETTE ABBOTT RUBY OCTAVIA COLE GERTRUDE HELEM MINKIEWICZ LIZABETH PRATCHER JEANETTE ABBOTT RUBY OCTAVIA COLE GERTRUDE HELEM MINKIEWICZ LIZABETH PRATCHER JEANETTE ABBOTT RUBY OCTAVIA COLE GERTRUDE HELEM MINKIEWICZ JEANETTE ABBOTT RUBY OCTAVIA COLE GERTRUDE HELEM MINKIEWICZ LIZABETH PRATCHER JEANETTE ABBOTT RUBY OCTAVIA COLE GERTRUDE HELEM MINKIEWICZ LIZABETH PRATCHER JEANETTE ABBOTT RUBY OCTAVIA COLE GERTRUDE HELEM MINKIEWICZ LIZABETH PRATCHER JEANETTE ABBOTT RUBY OCTAVIA COLE GERTRUDE HELEM MINKIEWICZ LIZABETH PRATCHER JEANETTE ABBOTT RUBY OCTAVIA COLE GERTRUDE HELEM MINKIEWICZ LIZABETH PRATCHER JEANETTE ABBOTT RUBY OCTAVIA COLE GERTRUDE HELEM MINKIEWICZ LIZABETH PRATCHER JEANETTE ABBOTT RUBY OCTAVIA COLE GERTRUDE HELEM MINKIEWICZ LIZABETH PRATCHER JEANETTE ABBOTT RUBY OCTAVIA COLE GERTRUDE HELEM MINKIEWICZ LIZABETH PRATCHER JEANETTE ABBOTT RUBY OCTAVIA COLE GERTRUDE HELEM MINKIEWICZ LIZABETH PRATCHER JEANETTE ABBOTT RUBY OCTAVIA COLE GERTRUDE HELEM MINKIEWICZ LIZABETH PRATCHER JEANETTE ABBOTT RUBY OCTAVIA COLE GERTRUDE HELEM MINKIEWICZ LIZABETH PRATCHER JEANETTE ABBOTT RUBY OCTAVIA COLE LIZABETH PRATCHER JEANETTE ABBOTT RUBY OCTAVIA COLE GERTRUDE JEANETTE ABBOTT RUBY OCTAVIA COLE LIZABETH PRATCHER DOUGLAS PAUL BAKER CHAIRPERSON (Title) (Title) (Title) (Title) (Title) (Title) (Title) TITLE LIZABET CHAIRPERSON (Title) TITLE LIZABET CHAIRPERSON (Title) (Title) (Title) TITLE LIZABET LIZABET CHAIRPERSON (Title) (Title) TITLE LIZABET LIZABET LIZABET CHAIRPERSON (Title) TITLE LIZABET L		GHAMANN@TH	, ,					Extension)
Name LYLE EDWARD ALGATE KATHLEEN THERESA KATHER ROBYN JAMES ARRINGTON JR., M.D. DOUGLAS PAUL BAKER ROBYN JAMES ARRINGTON JR., M.D. COTHERS DIRECTORS OR TRUSTEES JEANETTE ABBOTT RUBY OCTAVIA COLE GERTRUDE HELEN MINKIEWICZ ELIZABETH PRATCHER State of Michigan County of WAYNE ss State of Michigan County of WAYNE ss SThe officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, at he herein described assets were the absolute property of the said reporting entity as of the reporting period stated above, and fish is income and deductions thereform for the period end have been completed in accordance with the NAIC has alter reporting not related to accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in eporting not related to responding electronic filing with the NAIC, when required, that is an exact completed in accordance with the NAIC has reporting entity has is an exact counting practices and procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in eporting not related to responding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement. LYLE EDWARD ALGATE (Printed Name)								
County of WAYNE ss The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, at the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, togethe with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Ann Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement. Cignature		RUBY OCTAV GERTRUDE H	KATHLEEN THERESA ROBYN JAMES ARRIN DOUGLAS PAUL BAKE RUBY OCTAVIA COLE DIREC BOTT A COLE ELEN MINKIEWICZ	KATHER IGTON JR.,M.D. ER OTHER	TREASURER MEDICAL DIRI CHAIRPERSO SECRETARY S TRUSTEE	ECTOR N S OUGLAS PAUL (ATHLEEN THEI	RESA KATHER	
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day of , 2010 b. If no, 1. State the amendment number 1	the herein described assets with related exhibits, schedu said reporting entity as of the Statement Instructions and Areporting not related to accordescribed officers also includenclosed statement. The ele	were the absolute property les and explanations therei e reporting period stated ab Accounting Practices and Property unting practices and proceed des the related corresponding ctronic filing may be reques (Signature) DWARD ALGATE Printed Name) 1. JTIVE DIRECTOR (Title) In to before me this	of the said reporting entity of the said reporting entity of contained, annexed or rove, and of its income an ocedures manual except ures, according to the being electronic filing with the ted by various regulators	y, free and clear from the ferred to, is a full and deductions therefore to the extent that: (st of their informatic en NAIC, when required in lieu of or in additional content of the ferred that is a content of the NAIC, when required in lieu of or in additional content of the ferred that is a content of the free free and the free free free free free free free fr	m any liens or cla and true statemer rom for the period 1) state law may o n, knowledge an red, that is an exc ion to the enclose A KATHER e)	ims thereon, exc at of all the assets d ended, and hav differ; or, (2) that d belief, respectivant copy (except the ed statement.	ept as herein stated, and that and liabilities and of the conce been completed in accordar state rules or regulations requirely. Furthermore, the scope for formatting differences due to (Signature) DOUGLAS PAUL B (Printed Name) 3. CHAIRPERSO (Title) Yes[X] No[]	this statement, together dition and affairs of the nee with the NAIC Annual irre differences in of this attestation by the to electronic filing) of the

(Notary Public Signature)

ASSETS

	AOO		4		
		1	urrent Statement Da	3	'
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
1.	Bonds	7.000.0	7.00010	(00.0)	7 1011111100 7 100010
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,000,007
0.	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
,	4.1 Properties occupied by the company (less \$0 encumbrances)				
	4.2 Properties held for the production of income (less \$0 encumbrances)				
	4.3 Properties held for sale (less \$ 0 encumbrances)				
5.	Cash (\$21,619,972), cash equivalents (\$0) and short-term investments (\$8,926,056)				
6.	Contract loans (including \$0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Aggregate write-ins for invested assets				
11.	Subtotals, cash and invested assets (Lines 1 to 10)				
12.	Title plants less \$0 charged off (for Title insurers only)				
13.	Investment income due and accrued				
14.	Premiums and considerations:	, , , , , , , , , , , , , , , , , , , ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	14.1 Uncollected premiums and agents' balances in the course of				
	collection	6.654		6.654	
	14.2 Deferred premiums, agents' balances and installments booked	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , , ,	
	but deferred and not yet due (including \$0 earned but				
	unbilled premiums)				
	14.3 Accrued retrospective premiums				
15.	Reinsurance:				
	15.1 Amounts recoverable from reinsurers				
	15.2 Funds held by or deposited with reinsured companies				
	15.3 Other amounts receivable under reinsurance contracts				
16.	Amounts receivable relating to uninsured plans				
17.1	Current federal and foreign income tax recoverable and interest thereon				
17.2	Net deferred tax asset				
18.	Guaranty funds receivable or on deposit				
19.	Electronic data processing equipment and software				
20.	Furniture and equipment, including health care delivery assets (\$0)				
21.	Net adjustments in assets and liabilities due to foreign exchange rates $\ldots\ldots$				
22.	Receivables from parent, subsidiaries and affiliates				
23.	Health care (\$5,559,718) and other amounts receivable	5,848,498	288,780	5,559,718	4,097,975
24.	Aggregate write-ins for other than invested assets	440,244	440,244		
25.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 11 to 24)	45,988,048	729,024	45,259,024	39,809,530
26.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
	Total (Lines 25 and 26)				
1002.					
1003. 1098.	Summary of remaining write-ins for Line 10 from overflow page				
II .	TOTALS (Lines 1001 through 1003 plus 1098) (Line 10 above)				
2401.	Intangible Assets	53,947	53,947		
	Negative A/P > 90 days				
	Due from Management Co. Summary of remaining write-ins for Line 24 from overflow page				
	TOTALS (Lines 2401 through 2403 plus 2498) (Line 24 above)				
00.	(Lines 2 101 tillough 2 100 plus 2700) (Line 27 above)	· · · · · · · · · · · · · · · · · · ·	······		

STATEMENT AS OF March 31, 2010 OF THE TOTAL HEALTH CARE, INC.

LIABILITIES, CAPITAL AND SURPLUS

	LIADILITIEO, OAI ITAL AND		Prior Year		
		1 Covered	Current Period 2	3	4
1	Claims unpaid (less \$0 reinsurance ceded)	Covered	Uncovered	Total	Total
1.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses				
4.	Aggregate health policy reserves				
5.					
	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve Aggregate health claim reserves				
7.	Premiums received in advance				
8. 9.	General expenses due or accrued				
10.1	Current federal and foreign income tax payable and interest thereon (including \$0	(114,302)		(114,302)	(117,034)
10.1					
10.2	on realized gains (losses))				
11.	Net deferred tax liability				
12.	Ceded reinsurance premiums payable Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$0 current) and interest thereon \$0				
4.5	(including \$0 current)				
15.	Amounts due to parent, subsidiaries and affiliates				
16.	Derivatives				
17.	Payable for securities				
18.	Funds held under reinsurance treaties with (\$0 authorized reinsurers and				
10	\$0 unauthorized reinsurers)				
19.	Reinsurance in unauthorized companies				
20.	Net adjustments in assets and liabilities due to foreign exchange rates				
21.	Liability for amounts held under uninsured plans				0.000
22.	Aggregate write-ins for other liabilities (including \$0 current)				
23.	Total liabilities (Lines 1 to 22)				
24.	Aggregate write-ins for special surplus funds				
25.	Common capital stock				
26.	Preferred capital stock			1	
27.	Gross paid in and contributed surplus				
28.	Surplus notes				
29.	Aggregate write-ins for other than special surplus funds				
30.	Unassigned funds (surplus)	X X X	X X X	23,885,399	21,559,759
31.	Less treasury stock, at cost:	, , , , , , , , , , , , , , , , , , ,			
	31.10 shares common (value included in Line 25 \$				
00	31.2				
32.	Total capital and surplus (Lines 24 to 30 minus Line 31)				
33.	Total Liabilities, capital and surplus (Lines 23 and 32)	X X X	X X X	45,259,024	39,809,530
2201.	Accrued Other	· · ·		1	,
2202. 2203.				1	
2298.	Summary of remaining write-ins for Line 22 from overflow page				
2299. 2401.	TOTALS (Lines 2201 through 2203 plus 2298) (Line 22 above)				
2402.		x x x	X X X		
2403. 2498.	Summary of remaining write-ins for Line 24 from overflow page				
2499.	TOTALS (Lines 2401 through 2403 plus 2498) (Line 24 above)	X X X	X X X		
2901. 2902.					
2903.		x x x	X X X		
2998. 2999.	Summary of remaining write-ins for Line 29 from overflow page				
	- (====================================	1		1	

STATEMENT AS OF March 31, 2010 OF THE TOTAL HEALTH CARE, INC. STATEMENT OF REVENUE AND EXPENSES

		STATEMENT OF REVENUE			Prior Year	Prior Year Ended
Uncovered Total Total			Current Ye			December 31
2. Net premium income (including \$ 0 non-health premium income)			Uncovered	-	ū	
3. Change in uneamed premium reserves and reserves for rate credits	1.	Member Months	X X X	167,249	161,675	647,906
4. Fee for service (net of \$	2.	Net premium income (including \$0 non-health premium income)	x x x	49,294,192	43,894,195	182,505,790
S. Risk revenue	3.	Change in unearned premium reserves and reserves for rate credits	x x x			
6. Aggregate write-ins for other health care related revenues	4.	Fee-for-service (net of \$ medical expenses)	x x x			
7. Aggregate write-ins for other non-health revenues X X X 49,294,192 41,439,092 179,994,2	5.	Risk revenue	x x x			
8. Total revenues (Lines 2 to 7)	6.	Aggregate write-ins for other health care related revenues	x x x		(2,455,103)	(2,511,570)
Hospital and Medical: 9. Hospital medical benefits 27,074,191 28,141,886 128,059,7 10. Other professional services 5,006,771 1,277,433 5,736,4 11. Outside referrals 4,330,933 3,185,105 8,638,8 12. Emergency room and out-of-area 4,330,933 3,185,105 8,638,8 13. Prescription drugs 3,627,238 3,623,449 14,268,6 14. Aggregate write-ins for other hospital and medical 258,209 223,003 958,7 15. Incentive pool, withhold adjustments and borius amounts 877,466 185,549 614,6 16. Subtotal (Lines 9 to 15) 41,174,808 36,636,437 159,275,1 17. Net reinsurance recoveries 135,3 18. Total hospital and medical (Lines 16 minus 17) 41,174,808 36,636,437 159,139,7 19. Non-health claims (net) 20. Claims adjustment spenses, including \$ 0 cost containment expenses 97,335 92,342 365,7 19. Non-health claims (net) 20. Claims adjustment spenses 7,539,966 4,486,172 26,925,8 19. Less: 17. Net reinsurance recoveries 7,539,966 4,486,172 26,925,8 19. Net realized capital gains (losses) (Lines 18 through 22) 48,812,109 41,214,951 185,431,3 19. Net realized capital gains (losses) (Lines 18 through 22) 48,812,109 41,214,951 185,431,3 10. Net realized capital gains (losses) (Lines 18 through 22) 48,812,109 41,214,951 185,431,3 17. Net investment gains or (losse) (Lines 18 through 23) XXXX 482,083 224,141 (6,437,17),42 70,301 147,7 28. Net investment gains or (losses) (Lines 24 plus 27 plus 28 plus 29) XXXX 499,125 294,442 (5,289,31 29. Aggregate writh-ins for other income or expense 19. Net income or (loss) sher capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	7.	Aggregate write-ins for other non-health revenues	X X X			
9. Hospitalmedical benefits 27,074,191 28,141,898 129,059,7 10. Other professional services 5,006,771 1,277,433 5,736,4 11. Outside referrals 4,330,933 3,185,105 8,636,831 12. Emergency room and out-of-area 4,330,933 3,185,105 8,636,831 13. Prescription drugs 3,827,238 3,823,449 14,268,6 14. Aggregate write-ins for other hospital and medical 258,209 223,003 958,7 15. Incentive pool, withhold adjustments and borous amounts 8,77,466 185,549 614,6 16. Subtotal (Lines 9 to 15) 41,174,808 36,636,437 159,275,1 17. Net reinsurance recoveries 1,35,3 18. Total hospital and medical (Lines 16 minus 17) 41,174,808 36,636,437 159,139,7 19. Non-health claims (net) 41,174,808 36,636,437 159,139,139,139,139,139,139,139,139,139,13	8.	Total revenues (Lines 2 to 7)	x x x	49,294,192	41,439,092	179,994,220
10. Other professional services 5,006,771 1,277,433 5,736,4 11. Outside referrals 4,309,933 3,185,105 8,858,6 12. Emergency room and out-of-area 4,309,933 3,185,105 8,858,6 13. Prescription drugs 3,627,238 3,623,449 14,266,6 14. Aggregate write-ins for other hospital and medical 258,209 223,003 958,7 15. Incentive pool, withhold adjustments and borus amounts 877,466 185,549 614,6 16. Subtotal (Lines 9 to 15) 41,174,808 36,836,437 159,275,1 17. Net reinsurance recoveries 135,3 18. Total hospital and medical (Lines 16 minus 17) 41,174,808 36,836,437 159,139,7 19. Non-health claims (net) 41,174,808 36,836,437 159,139,7 19. Non-health claims (net) 41,174,808 36,636,437 159,139,7 20. Claims adjustment expenses in reserves for life and accident and health contracts (including \$	Hospi	tal and Medical:				
11. Outside referals	9.	Hospital/medical benefits		27,074,191	28,141,898	129,059,767
12	10.	Other professional services		5,006,771	1,277,433	5,736,426
13. Prescription drugs 3,627,238 3,623,449 14,268,6	11.	Outside referrals				
14. Aggregate write-ins for other hospital and medical 258,209 223,003 956.7 15. Incentive pool, withhold adjustments and bonus amounts 877,466 185,549 614,6 16. Subtotal (Lines 9 to 15) 41,174,808 36,636,437 159,275,1 Less: 17. Net reinsurance recoveries 135,3 18. Total hospital and medical (Lines 16 minus 17) 41,174,808 36,636,437 159,139,7 19. Non-health claims (net) 41,174,808 36,636,437 159,139,7 20. Claims adjustment expenses, including \$	12.	Emergency room and out-of-area		4,330,933	3,185,105	
15. Incentive pool, withhold adjustments and bonus amounts 877,466 185,549 614,61 16. Subtotal (Lines 9 to 15) 41,174,808 36,636,437 159,275,11 17. Net reinsurance recoveries 135,31 18. Total hospital and medical (Lines 16 minus 17) 41,174,808 36,636,437 159,139,7 19. Non-health claims (net) 20. Claims adjustment expenses, including \$	13.	Prescription drugs		3,627,238	3,623,449	14,268,669
15. Incentive pool, withhold adjustments and bonus amounts 877,466 185,549 614,61 16. Subtotal (Lines 9 to 15) 41,174,808 36,636,437 159,275,11 17. Net reinsurance recoveries 135,31 18. Total hospital and medical (Lines 16 minus 17) 41,174,808 36,636,437 159,139,7 19. Non-health claims (net) 20. Claims adjustment expenses, including \$	14.	Aggregate write-ins for other hospital and medical		258,209	223,003	958,778
16. Subtotal (Lines 9 to 15)	15.					
17. Net reinsurance recoveries 135,3 18. Total hospital and medical (Lines 16 minus 17) 41,174,808 36,636,437 159,139,7 19. Non-health claims (net) 20. Claims adjustment expenses, including \$	16.					
18. Total hospital and medical (Lines 16 minus 17) 41,174,808 36,636,437 159,139,7 19. Non-health claims (net) 20. Claims adjustment expenses, including \$	Less:					
18. Total hospital and medical (Lines 16 minus 17) 41,174,808 36,636,437 159,139,7 19. Non-health claims (net) 20. Claims adjustment expenses, including \$	17.	Net reinsurance recoveries				135.376
19. Non-health claims (net) 20. Claims adjustment expenses, including \$						
20. Claims adjustment expenses, including \$,				
21. General administrative expenses 7,539,966 4,486,172 25,925,8		• •				
22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only)						
in reserves for life only)		·		,,,,,,,,	,,	-,-
23. Total underwriting deductions (Lines 18 through 22) 48,812,109 41,214,951 185,431,3 24. Net underwriting gain or (loss) (Lines 8 minus 23) XXX 482,083 224,141 (5,437,12 25. Net investment income earned 17,042 70,301 147,7 26. Net realized capital gains (losses) less capital gains tax of \$, · · · · · · · · · · · · · · · · · · ·				
24. Net underwriting gain or (loss) (Lines 8 minus 23) XXX 482,083 224,141 (5,437,12) 25. Net investment income earmed 17,042 70,301 147,7 26. Net realized capital gains (losses) less capital gains tax of \$	23.	• •				
25. Net investment income earned 17,042 70,301 147,7 26. Net realized capital gains (losses) less capital gains tax of \$		· ,				
26. Net realized capital gains (losses) less capital gains tax of \$						
27. Net investment gains or (losses) (Lines 25 plus 26) 17,042 70,301 147,7 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$						
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$						
\$						
29. Aggregate write-ins for other income or expenses 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) X X X 499,125 294,442 (5,289,37) 31. Federal and foreign income taxes incurred X X X 499,125 294,442 (5,289,37) 32. Net income (loss) (Lines 30 minus 31) X X X 499,125 294,442 (5,289,37) DETAILS OF WRITE-INS 0601. QUALITY ASSURANCE ASSESSMENT PAYMENT X X X (2,511,57) 0602. QUALITY ASSESSMENT ASSURANCE FEE X X X (2,455,103)	20.					
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	29					
plus 27 plus 28 plus 29) X X X 499,125 294,442 (5,289,37)						
31. Federal and foreign income taxes incurred X X X	30.	` ' · · · · · · · · · · · · · · · · · ·	XXX	499 125	294 442	(5 289 370)
32. Net income (loss) (Lines 30 minus 31) X X X 499,125 294,442 (5,289,37) DETAILS OF WRITE-INS 0601. QUALITY ASSURANCE ASSESSMENT PAYMENT X X X (2,511,57) 0602. QUALITY ASSESSMENT ASSURANCE FEE X X X (2,455,103)	31					, ,
DETAILS OF WRITE-INS 0601. QUALITY ASSURANCE ASSESSMENT PAYMENT X X X (2,511,57) 0602. QUALITY ASSESSMENT ASSURANCE FEE X X X (2,455,103)						
0602. QUALITY ASSESSMENT ASSURANCE FEE		I S OF WRITE-INS				, ,
					(' ' '	
0698. Summary of remaining write-ins for Line 6 from overflow page	0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) X X X (2,455,103) (2,511,57) 0701. X X X (2,455,103) (2,511,57)						
0702.	0702.		X X X			
0703. X X X	1					
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) XXX XXX XXX XXX XXXX XXXX XXXX XXXX						
1401. Other Expense 258,209 223,003 958,7	1	Other Expense		258,209	223,003	958,778
1402.	1					
1498. Summary of remaining write-ins for Line 14 from overflow page	1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) 258,209 223,003 958,7 2901.		, , , , ,				
2902.	1					
2903						
2330. Summary of temaining write-ins for line 23 from overnow page	2998. 2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3 Prior Year
		Current Year To Date	Prior Year To Date	Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	21,559,759	31,941,006	31,941,006
34.	Net income or (loss) from Line 32			
35.	Change in valuation basis of aggregate policy and claim reserves			, ,
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$0			
37.	Change in net unrealized foreign exchange capital gain or (loss)			, ,
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets			
40.	Change in unauthorized reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	2,325,640	983,118	(10,381,247)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	23,885,399	32,924,124	21,559,759
4701.	LS OF WRITE-INS			
4702.				
4703. 4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

			Current Year To Date	Prior Year To Date	Prior Year Ended December 31
		Cash from Operations			
1.	Premiu	ms collected net of reinsurance	49,293,877	43,894,372	182,505,295
2.	Net inv	estment income	17,639	69,343	170,794
3.	Miscell	aneous income	(1,224,381)	(1,407,287)	(3,771,164)
4.	Total (I	Lines 1 to 3)	48,087,135	42,556,428	178,904,925
5.	Benefit	and loss related payments	37,661,647	36,864,454	155,502,910
6.	Net tra	nsfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commi	ssions, expenses paid and aggregate write-ins for deductions	7,577,137	4,588,894	26,217,132
8.	Divider	nds paid to policyholders			
9.	Federa	and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)			
10.	Total (I	ines 5 through 9)	45,238,784	41,453,348	181,720,042
11.	Net cas	sh from operations (Line 4 minus Line 10)	2,848,351	1,103,080	(2,815,117
		Cash from Investments			
12.	Procee	ds from investments sold, matured or repaid:			
	12.1	Bonds			1,000,000
	12.2	Stocks			
	12.3	Mortgage loans			
	12.4	Real estate			
	12.5	Other invested assets			
	12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
	12.7	Miscellaneous proceeds			
	12.8	Total investment proceeds (Lines 12.1 to 12.7)			1,000,000
13.	Cost of	investments acquired (long-term only):			
	13.1	Bonds			
	13.2	Stocks			
	13.3	Mortgage loans			
	13.4	Real estate			
	13.5	Other invested assets			
	13.6	Miscellaneous applications			
	13.7	Total investments acquired (Lines 13.1 to 13.6)			
14.	Net inc	rease (or decrease) in contract loans and premium notes			
15.		sh from investments (Line 12.8 minus Lines 13.7 and 14)			
		Cash from Financing and Miscellaneous Sources			
16.	Cash p	provided (applied):			
	16.1	Surplus notes, capital notes			
	16.2	Capital and paid in surplus, less treasury stock			
	16.3	Borrowed funds			
	16.4	Net deposits on deposit-type contracts and other insurance liabilities			
	16.5	Dividends to stockholders			
	16.6	Other cash provided (applied)			
17.		sh from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)			·
		RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		,	
18.	Net cha	ange in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	3,317,323	1,281,278	(1,850,521
19.		cash equivalents and short-term investments:		, ,	
	19.1	Beginning of year	27,228.705	29,079.226	29,079.226
	19.2	End of period (Line 18 plus Line 19.1)			
		Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Trans		• •	
20.000	^				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

		1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
		Total	la dividual	Crown	Medicare	Vision Only	Dental	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
		Total	Individual	Group	Supplement	Uniy	Only	Benefit Plan	Medicare	Medicaid	Otner
Total	Members at end of:										
1.	Prior Year	54,862	32							54,830	
2.	First Quarter	54,796	44							54,752	
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year		<u></u>								
6.	Current Year Member Months	167,249	127							167,122	
Total	Member Ambulatory Encounters for Period:										
7.	Physician	58,410	53							58,357	
8.	Non-Physician	28,654	17							28,637	
9.	Total	87,064	70							86,994	
10.	Hospital Patient Days Incurred	7,061	<u></u>							7,061	
11.	Number of Inpatient Admissions	1,080								1,080	
12.	Health Premiums Written (a)	49,332,674	40,177							49,292,497	
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned										
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services	37,293,967	17,012							37,276,955	
18.	Amount Incurred for Provision of Health Care										
	Services	41,174,808	20,140							41,154,668	

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.............0.

	Aging Analysis of Unpaid Claims									
1	2	3	4	5	6	7				
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total				
Individually Listed Claims Unpaid										
CVS CAREMARK						834,07				
0199999 Individually Listed Claims Unpaid						834,07				
0299999 Aggregate Accounts Not Individua	Illy Listed - Uncovered									
0399999 Aggregate Accounts Not Individua	Illy Listed - Covered 6,503,173					6,503,17				
0499999 Subtotals	7,337,251					7,337,25				
0599999 Unreported claims and other clain	reserves		•			11.916.39				

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

						5	6
				Liability			
		Cla	ims	End of			
		Paid Yea	r to Date	Current	Quarter		
		1	2	3	4		Estimated Claim
							Reserve and
		On	On	On	On		Claim
	Line	Claims Incurred	Claims Incurred	Claims Unpaid	Claims Incurred	Claims Incurred	Liability
	of	Prior to January 1	During the	Dec.31 of	During the	in Prior Years	Dec.31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1+3)	Prior Year
1.	Comprehensive (hospital & medical)					79,781	11,354
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid					16,499,262	16,567,700
8.	Other health						
9.	Health subtotal (Lines 1 to 8)						16,579,054
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pools and bonus amounts						
13.	Totals	9,611,901	28,065,821	7,140,100	13,898,775	16,752,001	17,541,789

⁽a) Excludes \$......0 loans or advances to providers not yet expensed.

OVERFLOW PAGE FOR WRITE-INS

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
			Prior Year
	Current Year	Prior Year	Ended
	To Date	To Date	December 31
4704.			
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)			